Diabetes Prevention & Control Program
NJ Department of Health & Senior Services
PO Box 364
Trenton, NJ 08625-0364

State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
PO BOX 360
TRENTON, N.J. 08625-0360

JON S. CORZINE
Governor

www.nj.gov/health

FRED M. JACOBS, M.D., J.D.
Commissioner

April 2006

Dear Colleague:

Together, the New Jersey Department of Health and Senior Services and the New Jersey Diabetes Council (NJDC) have set out on a mission to: *improve the health and quality of life of the people of New Jersey by encouraging programs and policies that translate evidence-based research into prevention, detection, and treatment of pre-diabetes, diabetes, and related disorders.* We are pleased to present the first edition of the NJDC Newsletter as an important step toward this goal.

In this issue, you will be able to familiarize yourself with the history, structure, and activities of the NJDC; "listen in" as a prominent endocrinologist gives practical guidance on conducting the primary care diabetes management visit; find out about the rich source of information and tools for improving quality of care that is available from the National Diabetes Education Program; and learn about "My Family Health Portrait," a tool for use by patients that can help health care professionals to develop an individualized prevention program.

Please take a few moments to read the newsletter, become familiar with the listing of resources that is included, and give us your feedback on the newsletter. The authors of the articles are leaders in diabetes care in New Jersey and NJDC members. Through their efforts and yours, we are confident that we will accomplish our mission to improve the health and quality of life of the people of New Jersey.

We wish the very best to you all. Thank you for your continued efforts to improve the care of people with diabetes.

Sincerely,

Fred M. Jacobs, M.D., J.D.
Commissioner

Louis F. Amorosa, M.D.
Chair, New Jersey Diabetes Council

DIABETES RESOURCES

1. New Jersey Department of Health & Senior Services
   Diabetes Prevention and Control Program
   www.njdiabetes.gov
   Nimi Bhagawan, MS., RD
   Coordinator
   Nirmala.Bhagawan@doh.state.nj.us
   1-609-777-4992

2. American Diabetes Association
   www.diabetes.org
   1-800-342-2383

3. Camp Nejeda
   www.childrenwithdiabetes.com/camps
   1-973-383-2611

4. Juvenile Diabetes Foundation International
   www.jdf.org
   1-800-223-1138

5. American Association of Diabetes Educators
   www.aadenet.org
   1-800-338-3633

6. Centers for Disease Control and Prevention
   www.cdc.gov/diabetes
   1-877-232-3422

7. National Diabetes Educational Program
   http://ndep.nih.gov
   1-800-438-5383

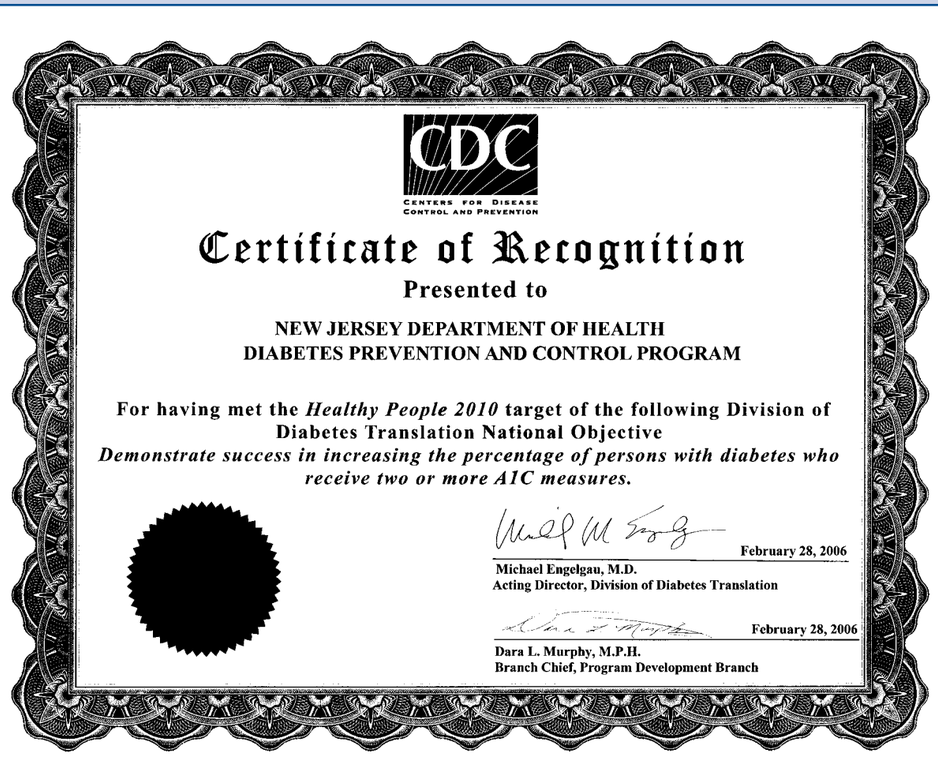
8. Garden State Association of Diabetes Educators
   www.gsade.org
   1-973-543-6464

9. National Diabetes Information Clearinghouse
   www.niddk.nih.gov/health/diabetes/ndic.htm
   1-301-654-3327

10. New Jersey Commission for the Blind and Visually Impaired
    www.state.nj.us/humanservices/cbvi
    1-973-648-2111

11. Healthcare Quality Strategies, Inc. (formerly PRONJ)
    www.hqsi.org
    1-800-624-4557

12. National Institute of Diabetes and Digestive and Kidney Diseases
    www.niddk.nih.gov



CENTERS FOR DISEASE CONTROL AND PREVENTION

Certificate of Recognition

Presented to

NEW JERSEY DEPARTMENT OF HEALTH
DIABETES PREVENTION AND CONTROL PROGRAM

For having met the *Healthy People 2010* target of the following Division of Diabetes Translation National Objective
Demonstrate success in increasing the percentage of persons with diabetes who receive two or more A1C measures.

February 28, 2006
Michael Engelgau, M.D.
Acting Director, Division of Diabetes Translation

February 28, 2006
Dara L. Murphy, M.P.H.
Branch Chief, Program Development Branch

CDC awarded this certificate of recognition to the New Jersey Diabetes Prevention and Control Program for the state having met the Healthy People 2010 target of increasing the percentage of persons with diabetes who have 2 or more A1C measures.

NEW JERSEY DIABETES COUNCIL NEWSLETTER EVALUATION

A selection of materials from the National Diabetes Education Program is available from the Diabetes Prevention and Control Program. If you would like to receive free patient educational materials, please indicate at the bottom of the page the number of brochures needed and whether you need Spanish, English or a combination of the two.

Please rate, on a scale of one to five, your overall impression of newsletter.

	Agree				Disagree
The articles increased my awareness/understanding of the topic.	1	2	3	4	5
The information will influence how I practice.	1	2	3	4	5
The information presented will help me improve patient care.	1	2	3	4	5

What other topics concerning diabetes would you like to see covered?

What can we do to make this newsletter more informative?

Please let us know how many brochures you would like to receive_____

English only_____ Spanish_____ Both_____

Please return the evaluation form by mail or fax to:

Kathryn Moss
Diabetes Prevention & Control Program
NJ Department of Health & Senior Services
PO Box 364
Trenton, NJ 08625-0364
Fax number: (609) 292-9288

Please provide your mailing address and E-mail below:

Name:_____

Organization:_____

Address:_____

Phone:_____ E-mail address:_____

THE NATIONAL DIABETES EDUCATION PROGRAM - A RESOURCE FOR BETTER DIABETES CARE

Leonard Pogach, M.D., M.B.A, Chairperson
New Jersey Diabetes Council Quality
Improvement Task Force

The National Diabetes Education Program (NDEP) is a joint prgram of the National Institutes of Health and the Centers for Disease Control and Prevention. This federally sponsored initiative involves public and private partners working to improve treatment, diagnosis, and ultimately the prevention of the onset of diabetes. Recent clinical trials have shown that it is possible to prevent or delay onset of type 2 diabetes. Lifestyle changes and ongoing management of both type 1 and type 2 diabetes can also prevent many complications (such as heart attack, stroke, kidney failure, blindness, and amputation) associated with the disease. As a result of a two year analysis of health care systems and best practices, the NDEP has compiled an electronic resource for health care professionals to help them deliver effective, ongoing patient centered care for persons with diabetes (available at http://betterdiabetescare.nih.gov). In the near future, a self-assessment module with Continuing Medical Education (CME) credit is expected to be available.

The site is designed to educate all health care professionals who treat diabetes (primary care clinicians and specialists, nurse practitioners, physician assistants, dietitians, pharmacists, nurses, and diabetes educators) about the complications caused by diabetes and the need for system changes. It is also designed for managed care organizations, professional associations, institutions, and agencies that create policies. Health care professionals and administrators can use these resources and tools to evaluate their own health care delivery context, whether it is a solo practice or large multi-specialty group.

With views tailored for each clinical and organizational group, the guide provides steps, models, guidelines, resources, and tools for the process of making and evaluating effective systems changes. For example, it includes information and provides tools on the use of evidence based practice in evaluating goals, an evaluation of the Chronic Disease Model of Care, and resources for clinical management, team care, and community partnerships. The key steps are:

- ✔ Assess Needs using a tool to assess one's current situation and determine priorities for system changes;
- ✔ Plan Strategies using models of care to identify facilitators and barriers to care and develop realistic action plans;
- ✔ Implement Actions using resource materials in a toolbox of links to websites and other resources; and
- ✔ Evaluate Results using techniques and tools to assist in the ongoing evaluation and systems change process.

Based upon the practice needs, proven models of care can thus be adopted and integrated into day-to-day policies, procedures, and operations. Each of these is essential to improve the delivery of patient centered care and recognizes the need for the health care system to support people with diabetes.

There is also an information exchange forum on the website that provides individuals with e-mail notifications of changes to the website.

The New Jersey Diabetes Council, which is composed of a broad range of organizations and individuals having an interest in reducing the burden of diabetes in New Jersey, is dedicated to working with its partners to reduce the burden of diabetes for over 620,000 residents of New Jersey through facilitating improvements in the health care system. The Council is pleased to bring you news of this valuable resource and we encourage you to view the material available at the NDEP website.

Up Coming Events

- Watch our website at www.njdiabetes.gov for specifics of the upcoming September 2006 Meeting of the NJ Diabetes Council.
- 2006 CDC Diabetes and Obesity Conference: May 16-19, 2006
  Denver, CO
  www.cdc.gov/diabetes/conference/index.htm

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NEW JERSEY DIABETES COUNCIL

News and Notes

Volume I, No.1 Spring 2006

THE NEW JERSEY DIABETES COUNCIL PREVENTING DIABETES AND IMPROVING CARE

Howard Goldstein, M.D., Vice Chairperson
New Jersey Diabetes Council

Faced with an epidemic of diabetes mellitus, in 2003 the Centers for Disease Control and Prevention (CDC) challenged the New Jersey Department of Health and Senior Services' Diabetes Prevention and Control Program (DPCP) to examine diabetes issues and activities in New Jersey. The ultimate goal of the assessment was to improve prevention efforts and care for diabetes patients in the state.

A council or committee has existed to advise the Department on diabetes issues for most of the past fifty years. The existing New Jersey Diabetes Council (NJDC) analyzed the CDC request and identified 10 key areas to evaluate. Through a restructuring process, ten task forces were developed, each with a different area of diabetes care to examine. Each task force was charged with the responsibility to develop a performance improvement plan.

More than 100 people were invited and have become members of the restructured NJDC and its various task forces. Each task force has an appointed chair and most have a vice or co- chair. An executive NJDC Coordinating Committee was formed consisting of the NJDC chair and vice chairperson and the ten task force chairpersons, plus support staff from the DPCP and the University of Medicine and Dentistry of New Jersey (UMDNJ) School of Public Health. The entire group was energized by a kick-off meeting held at UMDNJ in May 2005. Since then, the individual task forces have met and discussed their areas, identifying topics they would like to work on pending approval from the Coordinating Committee. The Coordinating Committee meets monthly to identify priorities for action now and triage areas for future initiatives.

The ten task forces are listed below along with some of their current interests/activities:

- The Surveillance Task Force provides diabetes data sources, assists in monitoring quality of data reported, and develops methodology for analysis of data (e.g. methodology for use in analyzing data from a death certificate check-off box that asks whether the decedent had diabetes at the time of death).
- The Information Management Task Force will develop a comprehensive diabetes web site identifying NJ resources for diabetes and important links to other diabetes web sites on the internet.
- The Government Relations Task Force will work with Governor Jon S. Corzine and the legislature, educating them about the importance of key aspects of diabetes and need for progressive diabetes legislation.
- The Clinical Services Task Force and the Primary Prevention Task Force will develop strategies to deal with the emerging epidemic of type 2 diabetes, especially in children, as well as the all-too-high average hemoglobin A1c in the aging New Jersey population.
- The Research and Evaluation Task Force will aim to identify and link researchers in New Jersey who are studying diabetes related scientific issues.
- The Multicultural Health Disparities Task Force will address barriers to care based on socio-economic status and cultural diversity and develop strategies to remove those barriers and increase the availability and quality of care to underserved segments of the New Jersey population.
- The Quality Improvement Task Force will monitor the quality of care and develop strategies to promote adherence to the national standards of diabetes care in New Jersey.
- The Marketing Task Force will develop strategies to increase awareness of diabetes and promote improved care for all people with diabetes in New Jersey.
- The Resource Management Task Force will bring in new resources to support improvements in the State Diabetes Public Health System (SDPHS.)

The NJDC Coordinating Committee oversees the activities of the New Jersey Diabetes Council and its task forces and prioritizes implementation of their recommendations with the goal of making diabetes care in New Jersey the best in the USA.

A VISIT WITH A PATIENT WITH DIABETES

Louis Amorosa, M.D., Chairperson
New Jersey Diabetes Council

After thirty years of office visits with patients with diabetes, you would think I have the routine perfected. Yet, I continue to be intrigued by the nature of a physician's work; the incredible privilege of inquiry when we are investigating new symptoms; the respect we earn from our patients for doing the right thing; and the mounting, distracting challenges we must overcome while providing appropriate care for patients' pathophysiological problems in a health care system that often makes matters difficult for everyone. Apart from these considerations, whenever I enter the room with a patient, I think that the experience may be like the next pitch in a baseball game: something unique in the history of the game might occur. What's more, I have to be alert enough to recognize this.

Think of what we need to do for a patient with diabetes during an encounter for which we have only 15-25 minutes. Dr. David Swee and I recently wrote a chapter for a family practice textbook on the standards of caring for patients with diabetes in the office. We boiled it down to ABC, HIGH EFFORT. But before we get to the science of the encounter, I need to find out what's happening in the patient's world. Many of my patients have been with me for years. With one man I need to talk about the latest Chinese martial arts film. With another, I ask: "How is your son with MS doing?" The expression of these and hundreds of similar concerns, each unique to an individual patient, serves to convey my real interest in their lives and will give my medical advice to them more credibility and impact.

Now I must get to work. "A" is for hemoglobin A1c, which must be checked every 3 months in a patient whose value has been over 8 percent. Do we have a glucose log to review which will identify the time of day where a therapeutic change is necessary? Has weight loss occurred; which can identify poorly controlled diabetes? Or, is the weight loss intentional? This would have the greatest therapeutic effect on improving control in type 2 diabetes. I encourage continued dietary efforts and discipline. If necessary weight loss is not happening, I need to refer to a certified diabetes educator (CDE) or a nutritional support group to pursue this primary therapeutic objective. I might also have to consider the plus and minus of provocative therapies in some worse case patients.

In my personal interpretation of the literature, "B" (blood pressure) is the most important risk factor of all. It is the one for which we fortunately have the best armamentarium for use in reaching our goal; a blood pressure reading of less than 130/85mm. We all know the drugs and how to use them.

"C" is for cholesterol. The Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol thinks we have the pharmaceutical agents to reach the goal of 70mg/dl LDL-cholesterol in patients with type 2 diabetes, who are at high risk for occult coronary artery disease. Depending on early glycemic control, patients with long term type 1 diabetes who have reached an age in their mid 30's most likely have the same cardiac risks as type 2 patients. This conclusion is inferred from the "Epidemiology of Diabetes Interventions and Complications Study" in the December 22, 2005 issue of the New England Journal of Medicine. The data is based on the long term outcomes of the original Diabetes Control and Complications Trial cohorts.

The word counter on my computer is already over 500, my limit for this essay, and I have not gotten to HIGH EFFORT: Heart, Immunizations, Glucoses, Hypoglycemia and Eyes, erectile dysFunction, Feet, Orders, Renal, and Therapies. This article is somewhat like an encounter with a patient with diabetes; so many important concerns needing attention and so little time. I have already been with the patient 20 minutes evaluating his "ABCs" and I still need to review his comprehensive profile to be sure the poly-pharmacy directed at his multiple risk factors is not compromising hepatic function. I need to write his prescriptions for medications and supplies. No wonder we are so frequently cited for omitting foot exams, advice on foot care, and measurement of urinary microalbuminuria, a first sign of diabetic nephropathy. All this cannot be done in one brief encounter and requires a longitudinal approach utilizing other providers of diabetes care in our system.

MAKING FAMILIES A "PICTURE OF HEALTH"

Anthony J. Cannon, M.D., Chairperson
New Jersey Diabetes Council Minority and
Multicultural Health Task Force

So often in my practice I ask a patient "Is there anyone in your family who has diabetes?" Sometimes they ask me, "How will I know if anyone in my family has diabetes?" The "family tree" is a good way to start! Being able to make a chart showing relatives and the "diseases" that they have (if living) or had (if deceased) is the first step to knowing if a person is at risk for diabetes.

Health care professionals have long known that diseases both common (like heart disease, cancer, and diabetes) and rare (like hemophilia, cystic fibrosis, and sickle cell anemia) often run in families. Tracing the diseases that parents, grandparents, and other relatives have can help us, as health professionals, predict the disorders for which our patients may be at risk. Even more importantly, this will empower patients to take action to keep themselves and their families healthy. Although family history cannot be changed, knowledge of it provides an opportunity to personalize and target a myriad of disease prevention and health promotion actions. Knowing the family history truly can save lives.

The Multicultural Health Disparities Task Force of the New Jersey Diabetes Council has been working to create a framework for families to plot their relative risk for diabetes and other related chronic diseases. It is known that family event/gatherings, such as Thanksgiving, other holidays, or family reunions, are wonderful opportunities to record family history. Since our practices offer limited time to collect, let alone analyze and utilize family health history, we want to go one step further by empowering the patient to take charge of their health!

The U.S. Surgeon General has made our task easier by creating "My Family Health Portrait." This family history initiative enables families to collect information about their family health history in advance of visiting their health care professional. This tool is available in both English and Spanish. "My Family Health Portrait" is easily accessed by visiting the U.S. Surgeon General's Family History website at https://familyhistory.hhs.gov/. This information can also be printed out for clients who do not have access to a computer. The web-based tool helps users organize family history information and then print it out for presentation to the family doctor. In addition, the tool helps users save their family history information to their own computer and even share family history information with other family members. Once completed, this information can be shared with a health care professional to develop an individualized prevention plan for the patient.

Before the next holiday, encourage your patients to visit the U.S. Surgeon General's Family History website to download the "My Family Health Portrait" tool. Or, for patients who don't have computers, print out the tool and keep copies on hand to give out. Encourage them to use this tool at family reunions and other events to gather their family health history. Empower them to help us save lives, limbs and eyes and make their families "A Picture of Health"!